

05/01/03 THU 09:06 FAX 18185014835

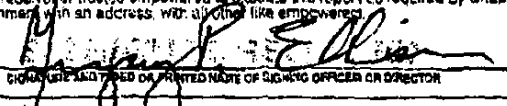
DAVID S LEONARD &

S/

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-05-2003 91909 047 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000032584			
1. Entity Name SATELLITE TOURS, INC.			
Principal Place of Business 1200 W AVENUE, SUITE 1408 MIAMI BEACH FL 33139		Mailing Address 1200 W AVENUE, SUITE 1408 MIAMI BEACH FL 33139	
2. Principal Place of Business		3. Mailing Address	
Succ. Adl. #, etc.		Succ. Adl. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0741696		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
B. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ELLISON, GREGORY P 1200 W AVENUE, SUITE 1408 MIAMI BEACH FL 33139		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, hand or printed name of principal agent and title if applicable (NOTE: Registered Agent signature required when renouncing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003, Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ELLISON, GREGORY P President 1200 W AVENUE, SUITE 1408 MIAMI BEACH FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Director Cindy Randall 1200 W Avenue Suite 1406 Miami Beach FL 33139	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.			
SIGNATURE: 		Gregory P. Ellison / President	
PRINTED NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR		DATE	

55046400

☒ CHECK HERE IF MAKING CHANGES

May 1, 2003 (35)674-4424